

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/817,117
	Filing Date	4/2/2004
	First Named Inventor	Ruben Carbonell
	Art Unit	1648
	Examiner Name	Agnieszka Boesen
	Attorney Docket Number	2308/670

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

26774

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number

26774

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Pierre LAURIN, Pathogen Removal and Diagnostic Technologies, Inc.

Date

8 June 2007

Telephone

(514) 341.2115

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450